

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/869513

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8		1				
9						
10		1				
11						
12		1				
13						
14		1				
15						
16						
17						
18		1				
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30		1				
31						
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33		1				
34						
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36						
37		1				
38						
39		1				
40						
41		1				
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	39					
TOTAL CLAIMS	42					

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
53			
54			
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59			
60			
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95			
96			
97			
98			
99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831